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3761

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Looper

Title: SURGICAL DEVICE WITH
MALLEABLE SHAFT

Appl. No.: 09/785,374

Filing Date: 16 February 2001

Examiner: Mital B. Patel

Art Unit: 3761

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below. Susan T. Golab (Printed Name) <i>Susan T. Golab</i> (Signature) 19 April 2002 (Date of Deposit)

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AMENDMENT TRANSMITTAL

Commissioner for Patents
Box Non-Fee Amendment
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment A in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	21	—	52	=	0	x	\$18.00	=	\$0.00
Independents:	2	—	8	=	0	x	\$80.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$270.00	=	\$0.00
CLAIMS FEE TOTAL:									\$0.00

- [] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

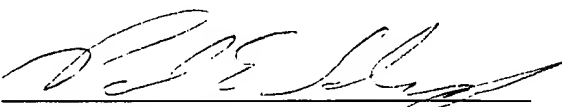
<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$0.00

- ☐ Please charge Deposit Account No. 06-1450 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 19 April 2003
 FOLEY & LARDNER
 One IBM Plaza
 330 North Wabash, Suite 3300
 Chicago, Illinois 60611
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By 
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 Attorney for Applicant
 Registration No. 32,664



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Certificate of Mailing Pursuant to 37 CFR 1.8
I hereby certify that this correspondence and
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the United States Postal Service as first class
mail in an envelope addressed to Assistant
Commissioner for Patents, Box Non-Fee
Amendment, Washington, D.C. 20231 on 19
April 2002

Susan T. Golab
Name

Signature

Assistant Commissioner for Patents
Box Non-Fee Amendment
Washington, D.C. 20231

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Sir:

This communication is responsive to the Office Action dated 2 April 2002 concerning
the above-referenced patent application.

Please amend the application as follows:

In the Claims:

Please amend the following claim:

1. (Twice Amended) A malleable shaft member for a surgical device having a tissue
engaging means and a handle assembly, and an actuating means connecting the handle
assembly and the tissue engaging means for actuating the tissue engaging means, the shaft
member comprising: